

## REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes X No

(CFA-4) **Summary Sheet** 

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION							
1. Full Name of Committee (as on Statement of Organization)							
Committee to Elect Greg O'Connor							
2. Acronym or Abbreviated Name (if any)	3. Committee	Committee Telephone Number					
MANUAL MANUAL PROPERTY AND THE PARTY AND THE	( 317	)418-7598					
4. Mailing Address (address where all campaign finance correspondence is received)  Check if this is a new address							
610 Wordsworth Court	,						
5. City, Stale, ZIP Code	6. Party Affilla	tion (if applicable): Re	publican				
Noblesville, IN 46060							
CANDIDATE INFORMATION (For Candidate's C							
7. Full Name of Candidate (include any nickname)		illan or If Independent	Candidate				
Gregory P. O'Connor	Republican						
Office Sought (Include district number, If any. Not required for exploratory committee.)     Noblesville City Council District #5	10. County of	D. County of Residence: Hamilton					
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY				
11. Check one:		Check one:					
Pre-Primary Pre-Election X Annual Nomination Other		_ Pre-Conve	ntion				
Final/Disbands Committee (tires 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days around Statement of	Organization)	Post-Conve	ention				
12. Reporting Period:		COLUMN A	COLUMN B				
From: 1/1/2012 Through:12/31/2012		This Period	Year to Date				
13. Cash on hand and investments at the beginning of this reporting period.		3264.08					
14. Cash on hand and investments January 1, current year.			3264.08				
CONTRIBUTIONS AND RECEIPTS							
(Note: these amounts include in kind contributions and loans, as well as cash contributions.)							
15a. Itemized (use Schedule A)		0.00	0.00				
15b. Unitemized		146.50	146.50				
15c. Add lines 15a and 15b in both columns SUBTO	DTAL	146.50	146.50				
	OTAL	3410.58	3410.58				
EXPENDITURES							
(Note: These amounts include in-kind expenditures and loan repayments.)							
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		0.00	0.00				
17b. Unitemized		0.00	0.00				
17c. Add lines 17a and 17b in both columns SUBT	TOTAL	0.00	0.00				
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	0.00	3410.58				
19. Debts OWED BY the committee (use Schedule D)		1237.27					
19. Decis OWED BY the continue (use Schedule D)		1207.21					
20. Debts OWED TO the committee (use Schedule E)		0.00					

TIFICATION	
T OF MY KNOWLEDGE AND BELIEF IT IS TRUE, C	ORRECT AND COMPLETE.
Tille TREASURER	1-9.2013
	Date: 1/4/1/=
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or sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly erson who fails to file a complete or accurate report as required by the Indiana and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

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## REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the emount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes foans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER	
 Page 1 of 1	_

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
				\$0.00	\$1,237.27
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	TOTAL OF ALL	PAGES OF SCHEDULI (Enter total on I			\$1,237.27
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